

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/91 3330

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51		/		
2							52		/		
3							53		/		
4							54		/		
5							55		/		
6							56		/		
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	31		31		31		TOTAL IND.				
TOTAL DEP.	31		25		25		TOTAL DEP.				
TOTAL CLAIMS	34		28		28		TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS